File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073





510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCT DISCLOSUR	ONS, SEE BACK OF FORM E SUMMARY PAGE		2007 NOV -	7 AM IO: 32
COMMITTEE NAME (Must be	same as on Statement of O	ganization)			
Calhoun for State House		•	[FORM	
IMPORTANT: Indicate by # type (1) Statewide/Legislative/Judge S (4) County Central Committee (5) Subdivision Candidate (8) Count 11) Local Ballot Issue	Standing for Retention Candidate	r: [] (2)State PAC (3)State Party oddate (7)School Board or Other Politic o) Board or Other Political Subdivision PA	el .	DR-2 (Rev. 07/2007) For Office Use On	DISCLOSURE REPORT
CANDIDATE COMMITTEES	ONLY:		 [Comm. #	[[0] /_
Candidate Name John Calhoun		Political Party (if applicable) Democratic	1 1		
Office Sought General Assembly		District (if Senate or House) HD 69		Computer	
SIGNATURE OF PERSON FIL	TAGASMEGE.	Pursuant to lowa Code sections 68B.32 StS-830-0385 TELEPHONE		8A.401(3), the car //-7-0 DATE SI	7
AM FILING A November 7,	2007	REPORT FOR (1) ELECTION	/(2)NON-	EI ECTION YEA	\P
(re	port date)	Indicate by			w.
☐CHECK IF AMENDMENT TO	REPORT DATED	•		nmittees, enter Dat	
	file reports until a DR-3 is file	d.)	County & I which Elec	Local Committees, tion is held	enter County in
CASH ON HAND at the beginni committee. This amou of the last reporting pe	unt MUST be the same as the	otal of all funds held by the cash on hand at the end first report filed.)	\$	89.14	
ADD TOTAL MONEY	TAKEN IN THIS PERIOD				
Schedule A: Cash Co	ntributions total (Attach Sche	dule A) (*also see in-kind below)	•••••	0.00	
Schedule F: Loans Re	eceived total (Attach Schedul	e F)		0.00	
Schedule H: Total Sa	les of Campaign Property (At	tach Schedule H)		0.00	
(Schedule H	applies to Candidates' Con	<u>ımktees Only)</u> SUB-TOTAL	s	89.14	
SUBTRACT TOTAL N	MONEY SPENT THIS PERIO		•		
) (**also see debts and loans below).		89.14	
		ule F)		0.00	
		port balance must be zero)		0.00	
				0.00	
		edule E)		0.00	
		ule F)		0.00	
ONSULTANT BREAKDOWN		,	•••••••••••••••••••••••••••••••••••••••	YES / N	<u> </u>
ANDIDATE COMMITTEES OF			_		••
ALUE OF CAMPAIGN PROPE	EDTY (From Schedule H. AH	ach Cohodule LIV	_	0.00	

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SE	E BACK OF FORM
----------------------	----------------

			-			
ш	rib.	444	- 5		ш	
ш	an)	200		и.	ч.	-

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be sai	ne as on Statement of Organization,
-----------------------------	-------------------------------------

Calhoun for State House

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9-13-2007	ID# CK# 2549	Polk County Democrats PO Box 5102 Des Moines, IA 50305	Donation to close empty Bank account	\$ 89.14
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
-	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$

_ _

TOTAL (if last page of this schedule)

\$ 89.14

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	1	οf	1	
		v		

Ó	IA ETHIC	s ain Car no	
UA? 21	m7 1197 - 7	MM 10: 32	Reso Rom

FORM	(Rev. 07/03) DR-3 NOTICE OF DISSOLUTION		
For Office Use	Only 617		
IndexedQ Audited			
Computer Certified Date	of Dissolution		

Notice of Dissolution

Calhoun for State House	
Offic	cial Name of Committee
766 White Tail Way	
	Street
Polk City IA 50226-1230	
0	City, State, Zip Code
(⁵¹⁵)	830-0385
Area Code	Telephone

Mail to: IECDB 510 East 12th, Suite 1A Des Moines, Iowa 50319

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

- 1. All debts, loans and obligations have been paid or transferred;
- 2. All campaign funds have been spent;
- 3. All campaign property sold or transferred (candidates only); and
- 4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

TREASURGE

Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

11-7-07

Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM

This form is not applicable to statutory political committees.